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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number			
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	•	MILIA	IBER FILED	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	EEE / * \
BASIC FEE 37 CFR 1.16(a), (b), or (c))			NON	IDEN FILED	NOMIDER EXTON		10012 (4)	, , , , , , , , , , , , , , , , , , ,	1		FEE (\$)
SEARCH FEE 37 CFR 1.16(k), (i), or (m))							. ,				500
EXAMINATION FEE 37 CFR 1.16(o), (p), or (q))						1.			1		200
OTAL CLAIMS 37 CFR 1.16(I))			ij	minus 20 =	•		X\$ 25=		OR	X\$50=	
NDEPENDENT CLAIMS 37 CFR 1.16(h))			#\ Fig. 1	minus 3 =	•	1	X\$100=		1	X\$200=	
APPLICATION SIZE FEE 37 CFR 1.16(s))			if the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))					(())		N/A	•		. N/A	
If the difference in column 1 is less than zero, enter "0" in column 2.						•	TOTAL]	TOTAL	1000
		(Column 1) CLAIMS REMAINING		(Column 2) HIGHEST NUMBER	(Column 3)	1	SMALL I	ADDI- TIONAL	OR		R THAN ENTITY ADDI- TIONAL
AMENDMENT A		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		N(15 (#)	FEE (\$)		ROATE (S)	FEE (\$)
	Total (37 CFR 1.16(i))	31	Minus	••	= //		×20=	· · · · · · · · · · · · · · · · · · ·	OR	x =	340
	Independent (37 CFR 1.16(h))		Minus	***	=		x3=		OR	x =	
	Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.10())					j	N/A TOTAL		OR OR	N/A TOTAL .	21/1
	35.	(Column 1)		(Column 2)	(Column 3)	_	ADD'T FEE		OR	ADD'T FEE	090
2		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
ļ	Total (37 CFR 1.16(i))	•	Minus	••	=		x =		OR	x =	
5	Independent (37 CFR 1.16(h))	•	Minus	***	=		x =		OR	x =	
	Application Size Fee (37 CFR 1.16(s))					1]		
									-		•
AMENDIALIA		TATION OF MULT	IPLE DEF	PENDENT CLAIN	1 (37 CFR 1.16(j))]	N/A TOTAL		OR	N/A TOTAL	<u> </u>

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***.} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.